

Financial Disclosure by Executive Employees APR 2 7 2009

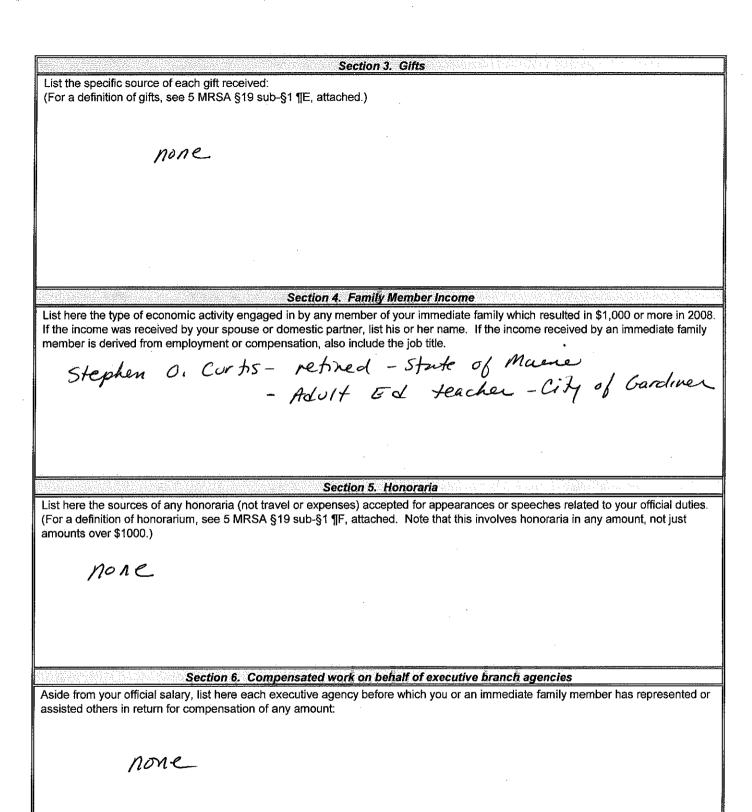
Filing Form Covering Calendar Year 2008 Filing Deadline: Thursday, April 30, 2009, 5 p.m.

WAINEETHICS COMMISSION

(Write "N/A" if a question is not applicable to you. Use additional sheets if needed to fully answer any question.)

| Section 1: Name/Address/Phone | |
|--|--|
| Your name: | |
| Catherine Cortis | |
| Your Agency/Department/Bureau/Division: | |
| Catherine Cortis Your Agency/Department/Bureau/Division: Secretary of State, Bureau of Motor Vehicles Your Title: | |
| Your Title: Deputy Secretary of State Your State Agency Mailing Address: | |
| Your State Agency Mailing Address: | |
| 29 51+5, Augustu, ME 04364 | |
| Your State Agency Phone Number: | |
| 624-9003 | |
| Section 2: Statement of sources of income (as required by 5 MRSA §19 sub-§2) | |
| 2. Aside from employment in state government: If during 2008 you were <u>neither</u> separately employed by another person, for corporation, association or organization, <u>nor</u> self-employed, <u>nor</u> had any other sources of income over \$1000 from each sour check the following box and skip to question 3. | |
| 2-A. If, during 2008, you were an employee of another person, firm, corporation, association, or organization as opposed to being self-employed, fill out the following; if not, go to question 2-B: | |
| The name of the employing entity: | |
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| The nature of the business (its principal type of economic activity; for a law firm, the firm's major areas of | |
| practice): | |
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| 2-B. If you were self-employed during 2008: (Note: "Self-employed" is defined by 5 MRSA §19 sub-§1 ¶J as an "independent contractor" as defined in 39-A MRSA §102 sub-§13, which says in part: "Independent contractor' means a person who performs services for another under contract, but who is not under the essential control or superintendence of the other person while performing those services." It does not cover interest |
|---|
| income and similar non-contracted income, sources for which should be reported under question 2-C below.) |
| The name of your business: |
| Its address: |
| The nature of the business (your principal type of economic activity; for an attorney, your major areas of practice): |
| |
| Name each source of income through self-employment that brings either: more than \$1000; or more than 10% of your gross income whichever is greater, excluding gifts. (To clarify this: if no source contributes more than \$1000, you don't have to report. If you enjoy many large sources over \$1000, you have to report only those that contribute more than 10% to your gross. For a definition of income, see 5 MRSA §19 sub-§1 ¶H, attached; of gifts, 5 MRSA §19 sub-§1 ¶E. If this form of disclosure is prohibited by statute, rule, or an established code of ethics for your profession, specify instead the principal type of economic activity from which sources of income under this paragraph derive.) |
| |
| 2-C. If you had other sources of income over \$1000 each, excluding gifts, list them here. (For a definition of income, see 5 MRSA §19 sub-§1 ¶H, attached; of gifts, 5 MRSA §19 sub-§1 ¶E.) |
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| List here each executive branch agency to which you or your immediate family members sold goods or services with a value in |
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| excess of \$1000: |
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| Section 8. Reportable liabilities |
| List here the name(s) of your creditors for any reportable liabilities (unsecured loans) of \$3000 or more received from a person not a |
| List here the name(s) of your directions for any reportable habities, unset adjustices, compaign contributions of bondies recorded by law or |
| relative. This does not include credit card liabilities, most educational loans, campaign contributions otherwise recorded by law, or relative. This does not include credit card liabilities, most educational loans, campaign contributions otherwise recorded by law, or relative. This does not include credit card liabilities, most educational loans, campaign contributions otherwise recorded by law, or |
| business loans from most financial institutions. (For a definition of reportable liabilities, see 5 MRSA §19 sub-§1 [i-1, attached; of |
| relatives, same, ¶l.) |
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| None |
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| Oath or Affirmation (Notarization) |
| "Do you solemnly swear (affirm) that the contents of this report are known to you and that the matters and things therein set forth are |
| |
| true (so help you God)?" |
| |
| Signature of Executive Employee: |
| Signature of Executive Employee: |
| ' |
| 11/21/20 |
| Date: 4/14/09 |
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| I |
| Subscribed and sworn (affirmed) to before me this |
| Subscribed and sworn (affirmed) to before the trils // day of // d |
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| Signature of Maine Notary Public: //////////////////////////////////// |
| Notary Public, State of Maine |
| Notary Public, State of Maine |
| Notary Public, State of Maine |
| Notary Public, State of Maine A2/20/2009 |
| Signature of Maine Notary Public: Notary Public, State of Maine 12/20/2009 My commission expires (date) |
| Notary Public, State of Maine 12/20/2009 |
| Notary Public, State of Maine 12/20 200 My commission expires (date) |

Section 7. Sales to executive branch agencies

Return to:

Cyndi Phillips, Commission Assistant Commission on Governmental Ethics and Election Practices 135 State House Station, Augusta, ME 04333-0135